

Department of State
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For Department of State Use Only

Sequence Number: 11-05-11
 Rule ID(s): 11-05-11
 File Date: 11/08/2011
 Effective Date: 11/08/2011

Filing Form for Stay of Effective Date on Rules, Withdrawal of Stay, and Withdrawal of Rules

Agency/Board/Commission:	Department of Labor and Workforce Development
Division:	Workers' Compensation
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Type of Action on Rule:

Stay of Effective Date of Rules

Rule Filing Date: (mm/dd/yy)
 Rule Original Effective Date: (mm/dd/yy)
 Length of Stay (not to exceed 75 days): _____
 New Effective Date of Rule Filing: (mm/dd/yy)

Notice of Withdrawal of Stay

Stay Filing Date: (mm/dd/yy)
 Stay Effective Date: (mm/dd/yy)
 New Effective Date of Rule Filing: (mm/dd/yy)

Notice of Withdrawal of Rules

Rule Filing Date: 09/02/2011
 Rule Effective Date: 09/02/2011

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	Chapter Title
0800-02-18	Medical Fee Schedule
Rule Number	Rule Title
0800-02-18-.02	General Information and Instructions for Use



Date: 11/7/11

Signature: *Karla Davis*

Name of Officer: Karla Davis

Title of Officer: Commissioner of Labor and Workforce Development

Subscribed and sworn to before me on: November 07, 2011

Notary Public Signature: *Vickie H. Gregory*

My commission expires on: December 31, 2012

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Filed with the Department of State on: 11/8/11

Tre Hargett
Tre Hargett
Secretary of State

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